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Original Articles.

LAPAROTOMY IN ECTOPIC PREGNANCY.

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An Abstract of a paper read by Dr. Wathen, of Louisville, before the Tri-State Medical Society of Tennessee, Alabama and Georgia, Oct. 15, 1890.

LAPAROTOMY VS. ELECTRICITY IN ECTOPIC PREGNANCY.

Dr. Wathen said: Electricity, the only feticidal means now recognized as orthodox by physicians who practice destroying the life of the fetus in ectopic pregnancy, is no longer used for this purpose where the pregnancy has continued beyond three and a half or four months, and is seldom used after the third month. At this time the fetus cannot be killed except by electro-puncture, and the complications and the deaths consequent to this practice have been so numerous that the most radical advocates of electricity are afraid to introduce the electrodes into the gestation sac. The use of electricity in extra-uterine pregnancy is practically confined to the United States, and while it is advocated by men of recognized ability and learning in obstetrics and gynecology, I am constrained to believe that very soon it will have no support.

The immediate and subsequent results of electricity as a feticide are put in the most favorable attitude in a paper by Dr. Brothers, in the February, 1890, issue of the *American Journal of Obstetrics and Diseases of Women and Children.*

Every fact supposed to favor its use is made to sound its praise extravagantly, but the many unfortunate results that speak volumes against its use are quietly passed by, or an effort made to brush them aside. Still, the conclusions of the author furnish the strongest proof in favor of laparotomy.

These statistics, compared with the statistics of laparotomy, show conclusively that the use of electricity in extra-uterine pregnancy is more dangerous, granting that there was an error in diagnosis.

But just here we have another argument in favor of laparotomy, for the difficulty, and sometimes the impossibility, of diagnosticating extra-uterine pregnancy in the early months, is so manifest to experienced physicians, that it would be ridiculous to claim that in all these cases pregnancy existed, while in the cases where laparotomy is done a diagnosis may possitively be made by seeing the embryo or the chorionic or placental villi. If the embryo or fetus in an extra-uterine pregnancy is killed by electricity, a more or less diseased condition of the pelvic structures is left that endangers the health or the life of the woman—the dangers usually being increased as pregnancy advances. But if a laparotomy is done, there is no obstructed tube, or other pathological condition left, and if the woman recovers from the immediate effects of the operation she is entirely cured. Her life is no longer in jeopardy because of the danger of pelvic abscess, sepsis, or exhaustion following an effort to discharge the suppurating contents of the gestation sac through fistulous tracts into the rectum, vagina, bladder, or through the abdominal walls. If we could eliminate the cases where there was an error in diagnosis, we would find that the mortality from the use of electricity and the after results are far in excess of what follows laparotomy in the practice of experienced operators.

In an examination of Brothers' report of the subsequent behavior of twenty-five cases observed at periods varying from one to eight years after the employment of electricity, we must be impressed with the fact that at least fifty per cent. of all cases carefully observed had thickening or distinct tumor, that may at any time require laparotomy to save the woman's life, or to cure her of confirmed invalidism.

In cases where laparotomy has been done, the mortality has not exceeded five per cent., and nearly all the women that recovered from the immediate effects of the operation were permanently cured. Most of these operations were done after rupture of the sac, where the conditions are not so favorable in laparotomy work.

Laparotomy, in all cases where the advocates of electricity would defend its use, is so simple and so free of danger that I believe an experienced operator could save at least ninety-five per cent. of his patients, probably ninety-nine per cent.

And before the end of the third month there is no condition requiring laparotomy where the operation is more easily done or the immediate or subsequent dangers fewer. In fact, its simplicity, compared with the operation for many pathological conditions in the pelvis, is so decided that in the practice of a successful laparotomist, who observes the rules of clean surgery, and adopts the most approved technique, the patients should recover. Tait's operations have been for ruptured tubal pregnancy, and he reports but two deaths in more than fifty patients. The first woman he operated on died because he did not then know the correct technique in such cases, and his second death was where the woman was in fatal shock before the operation.

One of the reasons given in favor of electricity is, that these women cannot always be operated on by an experienced laparotomist. Nor can electricity be always used by men who are familiar with its successful use in such cases. If it is necessary to refer the woman to some specialist in laparotomy, it will as often be necessary to refer her to some specialist in electricity, who has all the appliances necessary for good results in such work.

The services of an experienced abdominal surgeon may be obtained as easily as the services of a man experienced in the successful use of electricity. The operation is so similar to the operation for the removal of enlarged and slightly adherent ovaries, that a description of it would be unnecessary. If the sac has become adherent to the pelvic structure, it should be gently but quickly separated and ligated at its base with a

double ligature, being careful to include both the distal and proximal ends of the vessels.

In conclusion, I wish to show you two specimens which will illustrate some of the phases of extra-uterine pregnancy. The first is a placenta with the fetus attached, showing the ovaries and tubes successfully removed by me some months ago. This is a tubal pregnancy that ruptured into the folds of the broad ligament. The second is a uterus with the adnxea showing a ruptured tubal pregnancy into the abdomen at about the sixth week. This was removed post mortem by Dr. Kelch. The rupture occurred thirty-six hours before death. Dr. Keleh made a correct diagnosis soon after the rupture, and urged the patient and her family to allow a laparotomy. This was refused until an hour before her death, and when I entered her room she was dying. Her life could have been saved had she consented to an early operation.

A FEW REMARKS ON THE FEVERS OF MIDDLE TENNESSEE AND THEIR TREATMEFT.

BY J. C. SHAPARD, M. D., WINCHESTER, TENN.

Read at the meeting of the Tri-State Medical Association of Alabama, Georgia and Tennessee, Oct. 15, 1890, Chattanooga, Tenn.

I have been observing the fevers of Middle Tennessee for nearly forty-five years, and studying them as best I could. I say as best I could, as my work has principally been in a small town and in the country. I have seldom had a opportunity of making post mortem examinations and therefore have not studied their lesions, neither have I been able to study their etiology with the microscope, as have some of our more fortunate brethren, but have had to content myself with giving my attention to their symptomatology, their course and the effects of treatment on them. This much said. My observations are not likely to have more importance attached to them than they deserve. And yet, I feel that my opportunities for such study have not been altogether devoid of advantages.

As is well-known, the two geological divisions of the state,

the Central Basin and the Highland Rim, constitute nearly the whole of Middle Tennessee. The former is about 650 or 700 feet above the level of the sea; the latter being about 1000 above that level.

The Basin, Lower Silurian, is a very rich country and is in a very high state of cultivation. It is a limestone formation. There is lime, the carbonate, in the rocks; lime in the soil; lime in the water, and lime in everything.

The Highland Rim, 300 or 350 feet above the Basin, is in the great carboniferous formation, but is sub-divided, at least on its eastern side, into two lesser and very dissimilar divisions. The inner one, immediately surrounding the Basin, is a siliceous or sandy formation, which abounds in the best of freestone water, with many fine mineral springs, but with a very thin soil. This division being a sandy formation, water does not remain on the surface, but percolates deep down in the earth, consequently malarial fevers have always been infrequent in it.

The outer division of the Rim, sometimes called the "Red Lands," is a limestone formation, with a clay subsoil. It is a beautiful, fertile and fine farming country, but its distinctive feature, so far as this paper is concerned, is its clay subsoil, through water cannot pass, consequently it remains on the surface in ponds and marshes, and malarial fevers are, or were in early times, quite common in it. And yet there are high and dry sections of this division, where such fevers were never very prevalent. East of the Rim rise the Cumberland mountains, known to geologists as the Cumberland Table Land, which is also in the carboniferous formation and is 2000 feet above the level of the sea. It is sand-capped, with a poor soil, but its water and air are pure and it has always been almost, if not entirely exempt from malarial fevers.

This divides Middle from East Tennessee and belongs equally to both of them, at least, it will be so considered in this paper as far as Middle Tennessee is concerned.

My town in Middle Tennessee is situated in the outer division of the Rim, in the Red Lands, but near its inner division.

My work has principally been at the Rim, but I am in easy reach of the Central Basin, to which I make frequent visits,

and I am also near enough to the Table Land to make an occasional visit there.

This I consider a great advantage in studying the fevers of the country, so diversified in so many respects, as varieties of soil, differences of altitude and consequent differences of temperature.

We will now take a nearer look at the fevers of Middle Tennessee.

In early times, say from the first settlement of the country up to about the year 1840, while the country was new and being cleared up and prepared for its present high state of cultivation, the fevers were altogether malarial. They were periodical, remittent and intermittent. They sometimes became congestive or malignant. They prevailed almost entirely during the summer and fall, but there was an occasional vernal return, particularly of an intermittent, and they were found along the streams and on the lowlands, the high lands being exempt from them. And I particularly call attention to the fact that they were very prevalent in the Basin, not so prevalent in the Rim, but of this division these were more prevalent in the Red Lands than on the inner or siliceous portion; in fact, they were seldom seen in that section. And they were never seen on the mountain or Table Land; at least, never originating there.

There was no difficulty in diagnosing those fevers. A differential diagnosis was hardly known then. And there was no difficulty in their treatment. Quinine cured them,and it cured them promptly. As above said, they were periodic. Quinine was an anti-periodic and enough of it given, the patient was soon well.

The fevers and most of the other diseases of that period were considered *sthenic*, and bore depletion by the lancet or otherwise to an extent that would now be considered hazardous in the extreme.

About the year 1840 a great change came over the diseases of the country—a revolution made its appearance.

Typhoid fever began its terrible career. It came as gently as the falling snow, and yet as ruthlessly as an invading army, and no pen could describe the ravages of its march. It took

possession of the whole country, prevailing alike on the high lands and the low; was as prevalent, in proportion to population, on the Table Land as in the Basin, in the siliceous portion of the Rim as in the clay lands. And it had all seasons for its own. It may not have been so prevalent in summer as in winter, but it was found at all times.

It was typhoid fever everywhere and every case was typhical. And it impressed its characteristics, at least, to some extent, on most of the other diseases of the country, which from that time to this have been more or less asthenic or adynamic. No more blood-letting; harsh purgatives all laid aside, and all sedatives used with the utmost caution, and quinine ceased to be a specific.

Such and so great was the revolution. I will not say absolutely that there were not then malarial fevers to some extent along the streams and low lands of the Basin, and on the clay lands of the Rim, but if so, they were so overshadowed by the prevailing typhoid fevers as not to be observable without the most careful inquiry. But typhoid fever was prominently manifest from the highest point of the mountain to the lowest valley of the Basin. The habitat of malarial fevers was the marshes and lowlands; that of typhoid fever was the high lands, as well as the low.

Typhoid fever held absolute sway, was master of the situation about twenty years, perhaps not quite so long, when a change was again observable, but not so manifest as the one above alluded to. The symptoms of malarial fever began to be observed again, but invariably in connection with those of typhoid fever. It seemed as if, so to speak, malarial fevers were again recovering themselves, as if the conqueror had lost his prestige and the conquered were again asserting themselves. I have seen this in real life, very real, and so have my hearers. From that time the symptoms of both typhoid and malarial fevers were seen side by side in the same cases for a number of years, say fifteen or twenty. I don't know what the lesions were, neither do I know what the causes were, but the symptoms of both diseases were plainly seen by all men, even by the non-professional.

It might have been, and probably was, that the malarial

symptoms were more manifest in the early stage of the disease, and the typhoid symptoms in the later stages, but the course of the disease was that of typhoid fever, was continued fever, and no amount of quinine would arrest it.

It was during this period that the theory of typho-malarial came into vogue. I hardly know how or when it happened, but I found myself, in common with most of the physicians whom I met, holding that theory. The facts that I saw all seemed to favor that theory, and I settled down in the conviction of its truth, although I had not then investigated the matter to any considerable extent.

But this theory is not incompatible with the further theory that in such a compound fever the typhoid element may predominate in one section of the country and the malarial element in another section, local causes favoring the one element in one section and the other in another, which I think was really the case. For instance, on the Table Land, where malaria is, and always was, almost unknown, the disease approaches more nearly to the old typical typhoid fever than is the case in the Basin, 1400 feet nearer the sea level, and where, in fact, it is more like the malarial fever was before the advent of typhoid fever. And this is apparent on a smaller scale. In the Barrens, or siliceous division of the Rim, it is more typhoid, while on the outer division or clay land, it is more malarial.

These two divisions of the Rim, it will be remembered, are lying side by side of each other, of the same elevation, 1000 feet above the sea, and in the same great geological formation, the carboniferous, although they differ geologically in subdivisions, the one having a sandy soil, the other a clay. This demonstrating most clearly the influence of geological formation on disease.

But, behold, another change in the fevers of the country, which has been going on for a number of years, perhaps ten or a dozen. During this period typical symptoms of both typhoid and malarial fevers have gradually disappeared, have faded away. So that we do not see them in conjunction, as was so common a few years ago. Who now ever sees a typical case of typhoid fever, or even a typical case of malarial

fever, as that disease was seen fifty years ago? Or even a typical case of typo-malarial fever as that disease was seen a few years ago? Occasionally a case of intermittent fever is seen where, in the malarial period, hundreds were seen, and if a remittent fever should make its appearance, it soon takes up the line of march as a continued fever, in combination with, or in subordination to, a typhoid fever, but not as a continued malarial fever.

I have now traced the two great fevers of Middle Tennessee, typhoid and malarial, from their origin, through their changing fortunes, in their combination and fusion down to the present time. And although the fever now, for there is only *one* fever *now*, shows none, or but few of the peculiarities of those fevers in the past. Yet, if they have not lost themselves in the fever of to-day, I don't know where they are.

I sometimes illustrate this to my satisfaction, thus: After the war our state was full of Northern and Southern people. They had their distinctive Northern and Southern peculiarties, which could be seen at a glance. But time has effaced these peculiarities, and we are now a homogeneous people—all Tennesseeans!

The sum of the whole matter is that, aside from an occasional intermittent, there is only *one fever* in Middle Tennessee to-day, which is typhoid and malarial, more typhoid in some sections and more malarial in others.

It has been maintained by some that there is a continued malarial fever *per se* in this country, which I do not believe. Malarial fevers in Middle Tennessee, so far as my observations have extended, have always been periodical, and whatever continuity there may be in them now, they owe to their union with typhoid fever, which is a continued fever.

The foregoing observations would seem to show that the fevers of Middle Tennessee have not been fixed and unchangeable in their course, but, to use a popular phrase of the day, they have been influenced by their environment. If this has been the case in the past, it will doubtless be so in the future. At least, shall believe these views to be correct until the contrary shall be proved.

However, I am well aware that the microscopists of the day

are making some wonderful revelations, and I hold myself in readiness to bow to their decision whenever they show me that I am wrong.

But I am not here to-day with any iron-bound theory of fever. I mean the fever of to-day and of Middle Tennessee. I am well aware that the subject is in a somewhat chaotic condition, and I am constantly looking for new light and more light on it. I cling not to the dead past, but am ready to join hands with the living present. I am ready to abandon the terminology of the past and adopt the new definitions, if they will better,answer our purpose.

I propose to say something about the treatment of the fevers, or fever of Middle Tennessee, but it will not be much.

I don't know anything about curing a continued fever. I don't undertake to arrest it, or cut it short, as is sometimes said. And yet, I an unremitting in its management and treatment, and often see patients recover under such a course that I think would otherwise have died.

Of course, cold water has its value in the treatment of fever, but by baths I have found it impracticable in country practice, and believe it to be so everywhere outside of a hospital.

I prescribe the new anti-pyretics, particularly anti-febrine and phenacetine, and I think I accomplish much good with them, but I watch them very closely.

In old times, when malarial fevers alone prevailed, quinine cured them. They were periodic. Quinine was an anti-periodic and broke up periodic fevers, but no amount of it will arrest a continued fever for one hour. It has been claimed that in the combined fever of the country it will eliminate the malarial element, but it is not certain that it does even that much, and it is very certain that it does not arrest the disease, and, therefore, it is of questionable utility in such cases. But quinine is also an anti-pyretic, as such it is not, however, so efficient as the articles above named. And to be efficient more of it is required than is safe given throughout an attack of fever. Its anti-periodic property may make it valuable in a threatened congestion; and its tonic property may make it do good service in a convalescence.

Then, all things considered, there is, in my opinion, entirely too much quinine used in the treatment of continued fever in Middle Tennessee. More of it may, however, be profitably prescribed in some sections than in others; in the low lands than in the high lands. In excessive quantity it does great harm. It disturbs the stomach, depresses the heart and sometimes injures vision and hearing.

Physicians are often blamed nowadays for prescribing alcoholics in the treatment of disease. They are accused of making drunkards of their patients and increasing the tide of dissipation that is threatening the overthrow of our civilization. Grave charges, indeed! And the assertion is often and boldly made, that we could dispense with these destructive agents, and use other means equally valuable, but devoid of danger. In reply to all this, I only wish to say that I often think my fever patients are benefitted by the use of alcohol in some form, and that some of them, if not many, would die without it. And, as I do not know any substitute for it, I shall feel it my duty to continue to prescribe it.

ADDRESS OF PRESIDENT J. B. COWAN, M. D., READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION, CHATTANOOGA, TENNESSEE, OCT. 15, 1890.

Ladies and Gentlemen and Members of the State Medical Association:

I confess to some intimidation in the position that I occupy to-night. The avocations of a busy life have left me but little time to prepare for the duty that devolves on me at this hour. Nevertheless, I am assured, even as I stand in the presence of this large audience, and in the presence of so large a representation of medical talent, by the reflection that the cause which I come to plead is dear to us all alike, and that the feeling of interest in our great profession about which I shall attempt to talk is the same motive which assembles you here.

For we come to-day to greet each other after another year of toil; to tell of our battles fought and victories won; to speak

to each other and exchange views on the great questions and principles that apply to our vocation; to talk of the mighty achievements and rapid progress of our great profession; to compare notes and stimulate each other for grander achievements for the future. Surely, then, I can rely with perfect confidence upon the sympathy and indulgence of my audience, believing that the same motive which causes me to speak will also induce you to hear. I feel confident that I may claim for my subject, also, the sympathy and attention of this intelligent audience.

For I am to talk to you of the doctor, of his preparation, his education, in its purest and noblest sense; education in the sense the wise and thoughtful of all ages have held to be indispensable to the success of all men who enter the learned professions.

The doctor is a subject that will at least interest a part of my audience. In fact, it is a subject that every individual in every community should feel an abiding interest in.

The doctor is an indispensable factor in every community.

This being the fact, there is no need of argument to prove that this indispensable factor should be a man equal to the importance and responsibility of his station.

We have often heard it said that a man was born a leader, or born to rule. However true this may be, the fact has long since been demonstrated that men are not born doctors.

There are so many prerequisites to be considered before a man can be a doctor, that we shall only consider a few of them, just enough to give some idea of the great work required to fit men for this honorable profession. The first question, then, is, what does it take to make a doctor?

The man that starts out to be a doctor must understand that it is a life of toil. There is no flowery way to the royal degree of excellence; the laggard, the indolent, the careless or the sluggard never enter the temple of fame; he never tastes of the royal feast spread for the earnest, industrious worker; he knows nothing of the grandeur of mental comprehension of the real medical scholar.

The doctor must be educated, not as that term seems to be understood in these latter days. Modern education, I fear, is

too much a process of stuffing, or cramming. The word *educo* means more than this; educate means to draw out, to enlarge, to expand, to develope, to strengthen.

The development of the mental powers is like training an athlete. You would not take a boy, if you wanted to make an athlete of him, and simply stuff or cram him with the wonderful athletic feats done by others. You might do this until doom's-day without making an athlete of him. You would take him to the gymnasium and commence him with the use of the dumb-bells, the spring-board, the cross-bar, etc., and gradually develop every muscle and fibre of his body, until he had strength and endurance and activity. The result of this development or education of his muscular system would be that he would be able, with grace and elegance and ease, to perform the most difficult athletic feats. Why? Because in the education he had developed muscular ability. So in the education of the mental faculties, we are not to stuff or cram the memory full of the thoughts of other men, but we are to train the mental powers so that there shall be ability to think, and to think clearly, and to think with force, and to think correctly.

It will be seen, then, that I use the word educate in its literal and most complete sense.

We are aware of the fact that every man has within himself a certain amount of natural endowments and susceptibilities. Education is the brining out and development of these—the leading forth and organizing these forces. It is not mere scholarship. A man may be a scholar and yet be poorly educated. It is not mere learning. A man may be learned and yet unable to use either himself or his learning. It is not mere knowledge, or the mass of information which a man possesses; it is the development of his mental powers in every direction and in every aspect which constitutes true education.

And just as this development of the physical man by the education of his muscular system gives him the use of himself physically, so true mental education gives him the use of himself mentally, and makes him a power in the world and master of himself. True education leads to self-poise, self-control.

It has been truly said that the truly educated man can al-

ways command and use his faculties for all that they are worth. He may be a man of much or little capacity, accordingly as nature has made him. He may be a man of much or little power, but if he is truly educated, he will count for all he is worth. He will fulfil his destiny; he will do his part in the great work of professional life. This mental training, or education should be closely attended to before men attempt to enter the learned profession of medicine. This preparation is needful that the student may be able to grasp and master the profound philosophy and critical science of the medical profession. We need not expect an untrained or an undisciplined mind to take hold on and digest the great truths and the profound philosophy of so learned a science.

It requires systematic thought; it requires a trained mind, to grapple successfully with the occult principles of life, and then comprehend the multiple shades of departure from health into the innumerable morbid or pathological conditions to which this human organism is subject. The various sciences that are embraced under the general head of medical science demand that the doctor shall, in his education, reach out and take in a thorough knowledge and become acquainted with all these varied departments, not simply a passing acquaintance, but he must be intimately acquainted, thoroughly familiar with them. In fact, to be a doctor he must be master of these various departments of medical science. The doctor must be an anatomist, he must have the foundation upon which to build the superstructure; he must understand the geography of the human organism, not in its general outlines, but in its minutia. He must be intimately acquainted with the various tissues, organs, apparatus and systems of the body, and then he must understand the relation of one part with another, the means by which the whole is brought into one homogenous organism; the circulation of the blood; the nervous system; the lymphatics, etc., etc.; nervous sympathy, direct, remote and contiguous; the functions of the various organs and tissues; the effect of mind over matter; the process of digestion and assimilation; secretion and excretion; the occult process of making blood, etc., etc. In fact, he must become thoroughly familiar with the whole science of physiology, and when he has mas-

tered this, and thoroughly knows the human body in its healthy normal or physiological state, then, and not until then, is he prepared to study it in its diseased or pathological condition.

Thus prepared, he is now to learn the departures from a healthy to a diseased condition, and these departures are protean, presenting so wide a field that well may he tremble when he undertakes to unravel its meshes. In this department the best thought of all the ages has been expended. All the collateral sciences, and almost every science, has been made tributary to the elucidation of this most difficult science.

Chemistry, in its grand achievements, has been made votary to the clearing away of the mists. Electricity has been brought in to render assistance, while the magnifying lense has been made to contribute its wonderful power to aid in the research after truth, bringing to light many of the hidden causes of disease, and giving to the earnest searcher after truth grand results, which have in the last few years changed the whole theory of the etiology of disease. By the discovery of the science of etiology the medical profession made an advance step in the science of medicine which distanced all the former ages. Out of this discovery has come that which may well be termed the science of preventive medicine—asepsis, antisepsis, sanitation and hygiene. The doctor must be familiar with all these departments of medical science, and so understand them that he may utilize them and make them subservient to his will.

The doctor must be educated in all that pertains to his profession, that he may never be at a loss for a good and sufficient reason for his faith.

I might next allude to therapie, or therapeutics—the science and art of healing. This is the most essential part of medical science, while all the other departments are absolutely necessary, and the doctor must thoroughly understand them; yet he may be master of all these, and without a knowledge of therapie he would be helpless to accomplish good. In order, therefore, to be competent to meet the obligations that are upon him, and meet and combat morbid conditions, the doctor must first know the nature of the disease; in order to know this, he must have a knowledge of anatomy, physiology and

pathology, and he must know the various physical signs that are present in both health and disease, so that by classifying, comparing and grouping them, he may correctly diagnose the disease, and when he has made a correct diagnosis, then he must know the therapeutic properties or action of the remedies he will use. When these are known and properly applied, therapeutics becomes a grand and glorious science. In the department of materia medica and therapeutics, the profession has always had earnest workers in their ranks, and like the busy bee, they have culled not only from every flower, but they have carried their researches throughout the organic and inorganic kingdoms until, as a result of scientific research and labor, at the present time the profession is ready to cry hold! enough. But notwithstanding all this labor and scientific research, there are still morbid conditions that we are not yet able to heal by any known remedy. I need not allude in this paper to the various other sciences or branches of the profession of medicine that the student must master, before he can be a doctor. But some may say that the specialist need not master all these departments of the science of medicine. I tell you that no man can be a specialist without a knowledge of medicine in all of its essential departments. The surgeon, the oculist, etc., must not only understand anatomy, but he must be thoroughly up in physiology, pathology and therapeutics. If he would be a doctor in the true sense of the term he must know the entire curriculum of medical science. Now, think you, my hearers, that a man can ever accomplish all this unless he had a mind well trained and that mind well in hand? Do you imagine for a moment that a man whose mind is not educated can ever master the various sciences that go in to make up the term medical science; that a man whose mind is untrained to think can ever meet the great demands of a conscious, manly uprightness when he goes before the world and asks them to trust him with the lives of those dearest to them on earth, and at the time he knows that he is unable and incompetent to understand or comprehend the simplest principles of medical philosophy? I take the ground boldly that this great and learned profession, of which we here to-day are so proud, is suffering materially, and that the public is suffering,

and that it is no wonder that the medical profession received no more honor and respect in this country of ours. Why? The answer is plain enough. The profession has been subsidized by utilitarianism. Too many in the profession are using it alone for the gain that is in it. The idea now prevails with too many young men who are anxious to enter the learned profession of medicine, to make money, and they are so eager in this fast age that they are not willing to take the time to fit themselves to enter the learned profession. It has been truly said that "in education the usefulness of a study is not to be measured by its availability for the business purposes of life, but solely by its fitness to develope or educate the mental powers." The object of education is not to learn useful things, but to become able to learn how to use them, and it is a great wrong to the medical student for him to be possessed with the idea of mere money-making as the stimulant to his studies; that man is a failure as a doctor from the start, in the true sense of that term. The allurements of mammon, or the glamour of of prospective riches too often attract our young men from pursuing a thorough course of study and fitting themselves for honorable places in the profession, and by this neglect they are dwarfed and lost to the profession and the world. In this fast age short roads, near cuts and by-paths through cheap medical schools are opened up to tempt young men to abandon the proper work of thorough preparation for successful professional life work, and they hurry into these professonal schools prematurely and without preparation.

The consequence is the sending forth of half educated men and inexperienced and incompetent men to attempt to heal disease, to meet the great responsibilities of life. Let us, as members of the Tri-State Medical Association, protest against this great evil. Let us lift the standard of professional education by our voice in a solid front against this great wrong to the profession, and greater wrong to the public; and let us not hold our peace until the cheap medical school is dethroned and blotted out from our land. I mean by this the school that permits men to pass out with diplomas, and these men, many of them, without the commonest rudiments of even an English education. Let our colleges, universities, academies, etc., ed-

ucate and make men first, and then let our medical schools make doctors afterwards. The time has come in the medical profession when the demand for primary education for this learned profession must be heeded, and I want the approval to be voiced by this Association, so that we may be in line with the advanced thought of the age.

In order that a man may be a doctor, he must not only be educated, but he must of necessity be a gentleman, and no man is a doctor in the true sense of that term who does not towards his professional brethren observe the golden rule—do unto others as you would that they should do unto you. To the doctor is confided the most sacred confidences of families and individuals; these must be locked within his own bosom, inviolate.

The doctor ought, to say the least, be a moral man. Temperate habits is an indispensable qualification.

To be a doctor, then, in the full meaning of the title, the man must be well educated, that is, the mental faculties must be fully developed and trained for systematic thinking; he must be familiar with the various sciences that go to make up the *reportoire* of the profession; he must be a gentleman, be temperate, moral and honest in all the relations of life.

Such a man, or such a doctor, is a man honored and esteemed by all, and no grander character can be found in all this earth. The highest type of a man, the grandest character among men, is the man who sacrifices self for the good of others. 'Tis said of the son of man when on the earth that he went about doing good. The earnest, conscientious, competent doctor comes nearest fulfilling this and following this grand example, when in the full discharge of his duties and obligations. His greatest delight is in relieving distress, alleviating pain, triumphing over disease, bringing gladness and joy into families and communities by the successful application of the principles of medical science to diseased conditions of the human family.

I congratulate you to-day, my professional fraters, because of your portentious environments. We to-day, the last decade of the nineteenth century, stand on the isthmus between the past and future, and from this proud eminence, aided by all the light and learning of the past ages, by the erudition of all

the grand masters that have come and gone; aided by all the learning of this present day, and from the behest of all the ages past, gather wisdom for the future. Where much is given, much is required. I congratulate you that with these advantages, notwithstanding, your responsibilities are increased, nevertheless, your opportunities to meet these responsibilities are greatly enhanced, and while I congratulate you upon your achievements in the past, would urge upon you increased devotion to the sacred trust committed to you in the years to come.

NEW YORK PASTEUR INSTITUTE.

Dr. Paul Gibier, director of the New York Pasteur Institute, begs to inform you of the preventative inoculations against hydrophobia performed at this institute since its opening (February 18, 1890.)

To date 610 persons, having been bitten by dogs or cats came to be treated. These patients may be divided in two categories:

1st. For 480 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended, during the proper length of time, when it was necessary. *400 patients of this series were consulted or treated gratis.*

2d. In 130 cases the anti-hydrophobic treatment was applied, hydrophobia having been demonstrated by veterinary examination of the animals which inflicted bites or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. All these persons are, to-day, enjoying good health. *In eighty cases the patients received the treatment free of charge.*

The persons treated were: 64 from New York; 12 from New Jersey; 12 from Massachusetts; 8 from Connecticut; 9 from Illinois; 3 from Missouri; 3 from North Carolina; 3 from Pennsylvania; 2 from New Hampshire; 2 from Georgia; 2 from Texas; 1 from Maryland; 1 from Maine; 1 from Kentucky; 1 from Ohio; 1 from Arizona; 1 from Iowa; 1 from Nebraska; 1 from Arkansas; 1 from Louisiana; 1 from Ontario, Can.

Correspondence.

NEW YORK LETTER.

NEW YORK, OCT, 17, 1890.

The winter season in this city has now fully opened and the arrival of large numbers of medical men from both the states and Canadas has given a fresh stimulus to medical matters. These physicians come here to take a post-graduate course and no city in the world offers a more fertile field for that purpose than does New York. It may be safely said that over half a million sick people are being treated gratuitously each year in its numerous hospitals and dispensaries, and this, too, despite the fact that there are from eight to ten thousand regular physicians in this city, who are dependent for their support wholly on the tenement house districts, which supply this vast army of invalids.

It is both an interesting and instructive lesson to visit the clinics of some of the well-known physicians of this city and see the motley array of human beings applying for relief. All the various ills that human flesh is heir to are there typified, and he would indeed be wholly indifferent to medical progress, who would depart not highly instructed.

At a recent clinic at the University Medical College, Prof. Wm. H. Thomson, speaking of functional and organic nervous diseases, laid down the following dictum: True functional disorders can have no common origin with the organic nervous diseases, as no organic nervous disease exists whose symptoms are intermittent.

True functional nervous diseases are always peripheric in their origin and never centric.

He also stated that in every case of epilepsy he always examines very carefully into the possible sources of apparent irritation. He has repeatedly found the first indication of the kind in the alimentary canal, and by perseveringly dealing with that organ, he has finally succeeded in getting a mastery of the malady. As an illustration of that he gave the following instance: A young man, eighteen years of age, had been brought to him, who had fits ever since he was six years of

age, and had been treated by various physicians, but without success. His attacks averaged twelve a week and did not yield in the least to bromide. He was treated by him for two months, but without any material benefit, until the parents informed him that just preceeding or immediately following an attack the boy had a diarrhœa. He was ordered half a grain of picrate of ammonium as an intestial disinfectant four times a day. The fits immediately ceased and he has had but one attack since in eleven months.

When irritation within the cranium can be inferred from twitching of the muscles of the face or extremities during sleep, he generally added corrosive sublimate or the red iodide of mercury to the bromides, when these are well borne, and has found the bromides then succeed when they had previously failed. He explained the action of the bromides in epilepsy from the fact of their being such powerful sedatives to reflex actions.

In the treatment of hysteria he has found nothing so positive in its effect as a purge with half an ounce of turpentine every few days, followed by persistent employment of intestinal antiseptics.

Prof. Fordyce Barker, of this city, does not think that the existence of albuminuria in pregnant women, even in its greatest development, unless accompanied with undoubted evidences of perilous uræmia, and unless other resources for the cure of both the albuminuria and the uræmia have been exhausted, justifies the induction of premature labor. At a recent clinic held in the amphitheatre of Bellevue Hospital, he gave it as his conviction that by appropriate prophylactic treatment the albuminuria and uræmia may be absolutely averted. He has not had in years a case of eclampsia in a patient of his who had been treated in that way. He spoke of one agent in the treatment of the uræmia of the pregnancy, which will prove of great value—nitro-glycerine, in doses of from 1-100 to 1-50 of a minim every three or four hours. Its effect, he stated, was to speedily reduce arterial tension and allay spasm of the cerebral and renal arterioles, and thus indirectly increase the functional activity of the kidney and quiet the nerve storm, so characteristic in these patients.

The question of diet, he considers of the greatest importance in this class of patients. He divided these patients into two classes, one in whom anemia, hydræmia and general feebleness of the vital powers predominated, and in the other plethora and abnormal activity of the digestive and assimilative functions.

The first class need a nutritious diet, avoiding the danger of overtaxing the kidneys by restricting the amount of nitrogen. He has seen great benefit in giving these patients, weeks before parturition, a teaspoonful of a mixture of glycerine, three parts, and tincture of the chloride of iron, one part, in a wine glass of water, after each meal.

In the other class of cases, he recommends an exclusive milk diet. He questions the utility of diuretics in these cases, except the indirect diuresis, which results from digitalis and the tincture of the chloride of iron. If the albuminuria is attended with symptoms threatening uræmia, or uræmia already exists, then more active treatment is necessary. He regards venesection as of the first importance. The bleeding, he says, removes tension from the brain, relieves congestion of the lungs, makes the breathing freer and eases the congested kidney of its burden.

Speaking of the etiology of this affection, he believe albuminuria to be due to certain modifications of the system resulting from changes in the quality of the blood. During the period of gestation the blood becomes super-albuminous. There is increased demand for albumin for the nourishment of the fœtus. Therefore, the maternal albumin, which passes through the fœtus without being employed in its growth, returns to the maternal system loaded with waste material.

We have at present writing an epidemic here—not of scarlet fever, measles or diphtheria, but of a worse variety than either—an epidemic of the blatant and irrepressible quack. This organization may be said to owe its existence here wholly to the greed and rapacity of the daily press, though its etiology at the present juncture is buried in obscurity. The ignorant and credulous, the unmitigated mean, and the undiluted crank, fall easy victims to seductive pictorial advertisements of these creatures, and the story of the spider and the fly is again re-

told with great suggestiveness. The writer was recently told by a reputable druggist of this city that he has received and filled out prescriptions from well-known regular physicians recommending to their patients the use of a certain patent nostrum, prepared by the most notorious quack of New York. If this be true—and there is no reason to doubt its accuracy—it is a most fearful reflection on the intelligence of some of our professional brethren in this city, and goes in a great measure to explain the cause of this present invasion.

Dr. Alfred L. Loomis, speaking at a recent clinic on the subject of cardiac dilatation, said the most promising variety of cardiac dilatation is that depending on general impaired nutrition, associated with extreme anemia. The most common example of this variety is met with in poor working women, who live exclusively on bread and tea. It is of the utmost importance that these patients should have healthful surroundings, and they should spend at least eight hours of the day in the open air. Their diet must be nutritious and non-stimulating and include a large proportion of animal food. The only remedial agent he has found of service was arsenic in 1-60 grain doses, three or four times a day after meals. This plan, if rigidly enforced, will cause all signs of cardiac dilatation to disappear, and the œdema of the lower extremities, so constantly present, will rapidly subside.

In dilatation due to softening of the cardiac muscle, so often present during convalescence from typhoid fever and other acute infectious diseases, he recommends keeping the patients in bed and not allowing them, under any circumstances, to assume the upright position for at least four weeks. They should be given a large amount of liquid nourishment and a free allowance of wine. Everything tending to excite the circulation should be avoided, as well as those influences which dispose to cardiac enfeeblement. The medicinal agent he recommends is 2 grains of quinine and 1-60 of a grain of strychnine three times a day.

For dilatation due to fatty degeneration, he advises the use of small doses of calomel combined with rhubarb and soda, a spare diet and absolute rest. This will do more, he says, to equalize the circulation and relieve the distressing symptoms

than any tonic measures addressed to the heart itself. In emergencies, when the dyspnœa is urgent and the heart's action irregular and intermittent, a full hypodermic of morphia may be given.

For dilatation due to fibroid degeneration, bichloride of mercury should be administered in 1-60 grain doses, three times a day for a long period, and all the so-called heart tonics are to be avoided.

For dilatation due to excessive use of tobacco or narcotics, he advises the gradual withdrawal of the cause and the administration of full doses of strychnine, with the daily use of cold shower baths, night and morning; and for cardiac dilatation resulting from venery, he recommends the use of thirty grains of bromide of potash, three or four times a day for several weeks. P. J. R.

ANTIDOTE TO CHLOROFORM AND COCAINE..—Nitrite of amyl is commended as the most rational and successful antidote to use where chloroform or cocaine seems to threaten life by their unfavorable action on the heart. A few drops of nitrite of amyl administered by inhalation, will be one of the most probable means of restoring the heart's action.—*Journal American Medical Association.*

COFFEE A SLOW POISON.—A physician told Fontanelle that coffee was a poison. "Doctor," said the Acadamician, "I believe, like you, that coffee is a slow poison, for I have taken it for eighty years."

Society Notes.

THE TRI-STATE MEDICAL CONVENTION OF ALABAMA, GEORGIA AND TENNESSEE.

The Convention was opened October 14, in Turner Hall, by prayer by the Rev. Charles Hyde. President J. B. Cowan in the chair.

A committee of five was appointed to revise the constitution and by-laws.

The secretary reported a membership of 87 at the opening of this session.

The treasurer's report was then read and referred to the auditing committee.

Committee on credentials reported 30 names, and they were elected to membership.

At the afternoon session the following papers were read:

A case of Cancrum Oris, or Gangrenous Stomatitis, by W. P. McDonald, M. D.

Dr. E. E. Kerr, a case of Inflamed Inguinal Glands. Discussed by Drs. Townes, Smith and Gahagan.

Dr. James E. Reeves: On All Sides a Learned Doctor. Discussed by Drs. Parks, Drake, Boyd, Baxter and Prince.

Dr. Andrew Boyd: Report of a case of Fracture of the Elbow Joint. Discussed by Dr. Baxter.

Mr. Sydney B. Wright: A paper on Expert Testimony. Discussed by Drs. Smith, Camp, Baxter, Cobleigh and Cowan.

Dr. W. O. Bogard gave a report of a case of Neurosis in which there were attacks resembling Epilepsy.

Dr. W. L. Gahagan: Neuralgia. Read by title.

October 15.—Called to order by the president. Opening prayer by the Rev. Dr. J. W. Willingham.

Minutes of the first day's session were then read by Secretary *pro tem.* Gahagan, and adopted.

Telegram from Dr. J. B. S. Holmes, also letter from Dr. J. E. Purden, regretting their absence.

The reading of papers was then resumed.

Dr. J. C. Shapard: A Few Remarks on the Fevers of Middle Tennessee, and their Treatment.

Dr. Llewellyn P. Barber read a Contribution to the Study of the Continued Fevers of the South. These two papers were discussed together, by Drs. Sims, Park, Drake, Reeves, Long, Murfree, Baxter, Cowan, Douglass and Berlin.

Dr. G. A. Baxter presented a paper on Some New Uses of Silicate of Soda in Surgery. This paper called forth a good deal of discussion from Drs. Murfree, Douglass, Howell and Wells.

Dr. Richard Douglass read a paper on Abscess of the Liver.

Dr. E. E. Kerr read a paper entitled Report of a Case of Gall Stones. Both these papers were discussed by Drs. Drake' Crumley and Berlin.

The election of officers came next in order, and the following were elected:

President—Robert Battey, Rome, Ga.

First Vice-President—E. T. Camp, Gadsden, Ala.

Second Vice-President—Richard Douglass, Nashville, Tenn.

Third Vice-President—Dan. H. Howell, Atlanta, Ga.

Secretary—Frank Trester Smith, Chattanooga, Tenn.

Treasurer—R. E. West, Chattanooga, Tenn.

Dr. J. B. Murfree presented a paper on Uterine Fibroma. Discussed by Drs. Wathen and Douglass.

Dr. W. H. Wathen read a very able paper on Laparotomy in Ectopic Pregnancy.

On motion of Dr. Douglass, a vote of thanks was tendered Dr. Wathen for his valuable paper.

The session then adjourned to meet at the Stone Church at 7:30 o'clock p. m.

At the Stone Church an address of welcome was delivered by Dr. G. W. Drake, and responded to by Dr. G. C. Savage.

Following this, the president delivered his address, the subject being "The Doctor."

Later in the evening Dr. and Mrs. Baxter tendered the Association a reception at their residence.

October 16.—President called meeting to order at 10 a. m. The minutes of the second day were read and approved.

The president appointed Drs. Harbin, Camp and Gahagan a committee to prepare resolutions on the death of Dr. V. J. Kennedy, of Sale Creek, Tennessee.

The committee on revision reported a new constitution. This was read and laid over for one year.

Dr. T. H. Wood presented a paper on Hypertrophy of the Tonsils. Discussed by Drs. Gahagan, Smith, Savage, Westmoreland Reeves and Steele.

A case of Remarkable Injury, with Recovery, was read by Dr. E. A. Cobleigh; discussed by Drs. Drake, Reeves, Wilson and Camp.

Dr. W. F. Westmoreland read a paper on Morbid Reflex Neurosis Amenable to Surgical Treatment; discussee by Drs. Howell, Perkins, Stewart, Cowan and Reeves.

Dr. Crumley presented a case Resembling Epilepsy, to be examined by the members.

Dr. G. R. Rathmell reported a case of Typhoid Fever, Dr. W. C. Townes showed the specimens from the post mortem on the above case, and also read a paper on Dilated Cardiac Hypertrophy with Nephritic Complications, with the enlarged heart and kidney from a case.

Dr. Howell proposed Atlanta as the next place of meeting, but the motion was lost.

The following committees were appointed:

On Arrangements—Smith, Bogart, Gahagan.

Credentials—Stewart, Mills, Boyd.

Auditing—Wise, Hunt, Russey.

At the evening session Dr. R. J. Tripp read the report of a case of Peritonitis.

Dr. C. H. Holland read a report of a case of Phlegmonous Abscess; discussed by Drs. Westmoreland, Baxter and Stewart.

Mr. Eli S. Reed asked the Association if the running of the sewing machine by the treadle was injurious to the health of women. This was discussed pro and con by Drs. Wells, Drake, Bogart, Baxter, Smith and Crumley.

The following papers were read by title: Report of a case of Ovariotomy, by Dr. J. H. Atlee; Fluorescin in the Diagnosis of Corneal Affections, by Dr. Frank Trester Smith; the Dynamics of Mediumism, by Dr. J. E. Purdon.

Report of a case of Abscess of the Liver, by Dr. J. R. Rathmell.

Stricture of the Urethra and its Complications, by Dr. J. D. Gibson.

Notes on Apostoli's Method of Treating Uterine Fibroma, by Plym S. Hayes.

The resolutions on the death of Dr. V. J. Kennedy were adopted.

The following was also adopted:

Resolved, That we hereby tender a vote of thanks to our retiring president for the able and just manner in which he has presided over the Association, and for his very able address; to the hotels and railroads for reduced rates; to Dr. and Mrs. Baxter for their pleasant reception; to the exhibitors for their presence and courtesies; to the members, and the Chattanooga press for their courtesies and kindly notices, and to the trustees of the Stone Church for the use of the auditorium for the president's address.

D. H. HOWELL.
W. L. GAHAGAN.

The president thanked the Association for the manner in which it had supported him; also, the McIntosh Battery Co., for the gavel, and declared the Association adjourned to meet in Chattanooga next fall.

Over sixty members were added to the membership at this meeting.

PROCEEDINGS OF "THE ACADEMY OF MEDICINE AND SURGERY."

RICHMOND, VA., Sept. 23, 1890.

DR. W. W. PARKER, PRESIDENT, IN THE CHAIR. DR. JAMES N. ELLIS, REPORTER.

Dr. John N. Upshur, the appointed leader, read the following paper:

PLACENTAL DISEASE AS A CAUSE OF PREMATURE LABOR.

The sparse literature on placental pathology, makes a discussion of the lesions of this viscus, one of no little difficulty, and it is only by clinical observation and legitimate deductions such clinical facts that we can arrive at conclusions of a practical nature—these being proved only by the successful issue of treatment founded at best upon theory suggested by these

clinical facts. Reflections on this subject were suggested to the writer by a case which is made the text of this article and which was one of great interest and concern to him. The welfare of whole family connections, based upon pecuniary considerations or the domestic happiness which often centers in fruitful issue, cannot be overestimated.

I was called to see Mrs.———, August 5th, 1888, in her third pregnancy, advanced to the 4th month, aged 29, blonde, health always robust. She had lost two children at the beginning of the 7th month, being attended by one of the leading physicians of this city. Careful enquiry failed to elicit the history of any imprudence on her part—a jar, a fall, or any tangible cause for the premature labor. The history of both the 1st and 2d pregnancy, was identical with the 3d. There was no swelling of hands or feet, no headache, and careful analysis failed to disclose the presence of albumen or any functional derangement of any organ whatever.

She was enjoined to be as quiet as possible, and avoid going up and down steps, to keep early hours, and given tinct. of the chloride of iron and uterine sedatives, and watched most carefully and anxiously. Soon after entering the 6th month the movements of the child became each day, more feeble and irregular, and she began to complain of a weight in the hypogastrium, motions of foetus ceased and labor came on. Labor easy and rapid. Foetus cried feebly once or twice, presented a swollen appearance with more or less sclerotic condition of skin, cord empty of blood—placenta firmly adherent, requiring nearly three-quarters of an hour to remove it—uterus contracted well and firmly. The placenta was *very soft*, pale aud anaemic—so soft as to drop to pieces by its own weight, or a portion of it.

Patient became again pregnant early in January, 1889. Carefully reflecting on the condition of the placenta and the history of the two previous pregnancies and deliveries, I concluded that the cause of the death of foetus and premature delivery was a latent endometritis, stimulated to active progress by pregnancy and the implantation and development of placenta—the inflammatory condition extending to the placenta, producing falty change, cutting off the circulation of

the foetus, and consequent death, so soon as the pathological change had progressed far enough. All history of syphilis could be absolutely eliminated, because both parents were exceedingly anxious for issue, and I am confident that I elicited from the husband the whole truth as to the history of his sexual life. He had once had a mild gonorrhoea previous to marriage—suspicion here, you say, of urethral chancre, but if so, why did he not have bubo and secondary symptoms at the time, and tertiary symptoms succeeding? None of which he has ever had, nor has he ever had any syphilitic treatment. The woman herself, is absolutely above reproach. So soon as I was informed of the occurrence of pregnancy for the 4th time, I put the patient upon the most active alterative treatment of the bichloride of mercury, red iodide, and chloride of gold and sodium, varying these alteratives, and keeping up the treatment for six months. Patient also drank lithia water freely.

I desire, in this connection to especially commend the chloride of gold and sodium as an alterative, its action in the dose of 1-8 of a grain, to 1-20 grain in combination with extract of one of the bitter tonics, is in many respects, similar to that of the iodide of potassium, but I believe it has a special influence in modifying inflammatory conditions of the endometrium, and in my hands has certainly been productive of very great benefit.

The patient progressed beyond the usual danger point and was delivered safely at term, labor easy and rapid, child a magnificent specimen, and free from every blemish—is now more than a year old and has been singularly exempt from the usual infantile maladies. The placenta was healthy.

Remarks—Galabin speaks (p. 298) of inflammation of the decidua which may arise from previous endometritis existing prior to conception, and it may exist in the vera, or reflexa, or serotina. He says a study of inflammation in this situation is difficult because the cell proliferation of the decidua is analogous to that which takes place in inflammatory process—it is the inflammatory process in the decidua serotina, which chiefly affects placenta. Symptoms of this trouble are soreness and tenderness over the uterine globe, but may be en-

tirely absent. The same author above quoted, says that fatty degeneration may be partial and then the foetus may be born alive, but that when "*extensive, it may directly kill the foetus by cutting off the supply of blood.*"

Parvin, (Science of Obstetrics, p. 275) speaks of the distinction made by Dr. R. Barnes between fatty degeneration and fatty metamorphosis—the former begins in the living, the latter is found in the dead tissues."

In Cazeaux and Farrier (p. 551) is found the expression of doubt as to the ability to fix the symptomatology of this lesion, there being only evidence of uterine congestion manifested in some cases by weights in lower part of abdomen, pain in loins and down the thighs. But these symptoms may be present when other placental lesions exist. There may be apoplexy, sclerosis, syphilitic disease, cancer, etc. It is not pertinent to the subject under discussion to consider these, nor will time or space permit. I have been lead to consider the subject from its present standpoint because of the success attending the treatment of repeated premature delivery, based upon the theory enunciated, and because in the light of such success it may point the solution to some case of similar difficulty.

Supplementary to his paper and in reply to questions, Dr. Upshur called attention to Galabin's opinion, that a peculiar pinkish color of, and the presence of watery gummata in the placenta was evidence of syphilitic disease of that organ. But he is satisfied of the absence of any syphilitic taint in the case reported. The success of the alterative treatment might also suggest syphilis. But he has seen decided improvement in simple endometritis from the exhibition of the chloride of gold and sodium. He ascribes the good results in the above case principally to the use of that salt. The general health of the patient was good.

Dr. Hugh M. Taylor was reminded of a patient who lost her first three children about the 8th month—in all of these pregnancies preventive treatment was adopted. Subsequently she had three children, no preventive treatment was attempted, and all of the last three were born alive, strong and robust. Thinks we sometimes credit medicine with alterative influence which it does not deserve.

Dr. Thos. P. Moore does not think that conception can take place in a uterus which at time of connection is the subject of corporeal endometritis. The leucorrhoea consequent upon such diseased condition effectually impairs the vitality of the spermatazoa or by its flow, washes the ovum from the uterine cavity. But even if conception takes place, it is impossible for gestation to safely progress, and abortion or miscarriage results. Where conception takes place in a healthy uterus and endometritis subsequently occurs, the pathological changes consequent upon inflammation of the endometrium precludes the possibility of a continuation of pregnancy to term. Where the neck only is involved conception and delivery at term may occur. But when both neck and body are diseased non-conception is the rule. Placental disease, proper, is frequently secondary—various morbific conditions of the blood brings about abortion—such as the continued and the eruptive fevers and syphilis, especially secondary. In tertiary syphilis the patient frequently goes to term. Congestions, and other interferences with the circulation occasioned by flexions or versions produce fatty or amyloid degeneration, or general uterine contractions sufficient to detach the membranes. Retroflexions, especially fruitful in these bad results.

Dr. Upshur does not think that the failure to abort, in the case of his patient, can be ascribed to coincidence, as suggested by Dr. Taylor. He referred to other cases of non-pregnant endometritis in his practiee that were benefited by this treatment. A case yielding to iodide of potassium or bichloride of mercury does not necessarily imply syphilitic taint. It is not common for conception to take place where there is an existing endometritis, especially of the cervix. But where you have latent endometritis before marriage it may be developed by pregnancy. This patient had a dysmenorrhœa before marriage, but was not treated for it, as conception took place so quickly he did not have the opportunity.

REPORTS OF CASES.

Dr. Ed. T. Baker reported a case of

ANGINA PECTORIS,

supposed to be caused by depressed fracture of skull. "Last Wednesday," said the Dr., "I was called to see a white man,

aged 30, height 6 feet 2 inches, weight 205 lbs., very muscular, occupation, striker in a blacksmith's shop. Prior to 1884, (when he received the injury to his head) he had not seen a day's sickness in his life. This injury left him with a depression on the left side of his head on a level with the top of, and 1 inch posterior to the margin of ear, and 1 1-4 inches from tip of mastoid process. The depression measures 1 inch from upper to lower margin, and 1 1-2 inch from ant. to post. margins. Was confined to his bed for eight months after receipt of injury. After he was able to go about he had an attack of angina pectoris, and has had as many as three a week since that time. Sometimes will not have one for a month, when they return with increased severity. Has been treated by a number of physicians without relief. He notices that he has had more attacks and they have been much more severe in character since he had "La Grippe" last March. A stethoscopic examination of his heart revealed the sounds normal, but a little weaker than seemed in keeping with his fine physique and general strength. He has some dyspeptic symptoms for which elix. lactopeptine was prescribed.

My objects in reporting this case are: First, to get the opinion of the older members of the Academy, in regard to the advisability of using nitrate of amyl in this case—as the patient notices that when he gets very warm, and especially when he lowers his head in stooping that it gives him pain in the back of his head just above neck and will become unconscious unless the upright position is immediately resumed. As amyl produces about the same effect—vertigo, dizziness and flushing of the face, in other words temporary hypemia—is it not advisable to use it, and thus substitute unconsciousness due to congestion of brain for angina pectoris? Secondly, can we attribute the angina pectoris to the blow on the head which may have fractured the inner table of the skull, and by irritation of that portion of brain so interfered with action of pneumogastric nerve as to cause the heart trouble? Thirdly, could he not be operated on and the depressed bone raised from the brain and thus relieve both conditions? He says that he has been repeatedly told by physicians that the wound is too low down to operate on. Is now taking sodium bromide, com'd.

spts. anter. and aromatic spts. ammonia 3 times daily and every 2 hours when threatened with attack." Dr. B. further said that the attacks were not more frequent in the recumbent position or at night. Mind clear. Thinks there is chronic congestion or inflammation about brain.

Dr. Parker thinks it a clear case for an operation.

Dr. Upshur saw a case that, in regard to the epilepsy, was similar to that of Dr. B. The skin over the temple was cut by a falling timber—no ascertainable expression. Epileptic attacks, two or more daily, soon followed, dulling mental action. Was trephined, and upon inner table of button of bone removed appeared a deposit of calus, indicating that there had been fracture. No convulsions for week succeeding operation, but at end of that time fell foward on face—dead. Another case was that of inmate of Central Lunatic Asylum—was struck on head with axe in 1862, and piece of bone driven on brain—became violently insane, but no epileptic convulsions. Was trephined by Dr. Hunter McGuire in 1869—perfectly rational upon recovery from operation, and took up thread of events from time was struck, the intervening period being a blank. Subsequently died of cerebritis.

Dr. Hugh M. Taylor had, recently, a case somewhat similar to that cited by Dr. Baker. A railroad employe received injury in same rejoin, remaining unconscious for 36 hours thereafter, when mind cleared—no fracture of skull diagnosed—suffered pain over frontal region, left eye blood-shot and protruded—evidently some cerebral lesion. Continued this way for two or three weeks. In six weeks began suffering from vertigo, increased pain, and depression of cerebral functions amounting almost to coma. This was followed by discharge of pus from ear-"cheyne—stokes" respiration. Diagnosed abscess of brain, probably due to depression. After consultation with Dr. C. W. P. Brock, decided to trephine, but patient died night before day selected for operation. Is satisfied he should have trephined.

Another case of *abscess of the brain* was reported by Dr. M. D. Hoge, jr. Two weeks ago he saw, in consultation, a workman with suspicious history of previous syphilis. Had been semi-comatose for two days; abscess of the skin on right front-

al eminence; left leg paralysed; bowels and bladder under complete control; respiration excelerated; pulse very quick and small; temperature 104 degrees F. On account of feeble and uncertain condition of heart it was decided not to trephine. Put upon drachm doses of potassium iodide every four hours. Sixteen hours later he died, paralysis having rapidly extended to all four extremities. Skull was trephined at *post mortem* at point selected in discussing operation the day before; dura mater pale and thickened, a smoothly lined pus cavity lying beneath, of the size and shape of guinea fowl egg, and occupying right frontal lobe, and filled with thin offensive fluid. There was no apparent communication between external abscess and interior of cranium.

Dr. Hugh M. Taylor thinks the cerebral abscess may have been secondary, as subpericranial suppuration may find its way into the skull by extension along the venous sinouses leading into the cranium. A cerebral abscess not infrequently occurs as a result of phlebitis of the diploic veins.

Dr. W. W. Parker, in calling attention to the occurrence of serious brain trouble without signficant symptoms, spoke of a patient who suffered for some days with frontal headache and then fell suddenly dead. Post mortem revealed an ounce of pus just back of frontal sinus. Cerebral abscess frequently cause of death in children. Saw a child with bluish boils about neck which he opened. Was surprised to hear of death from convulsions next day. Post mortem, showing extensive softening of brain which had evidently been diseased for some time. Another case was that of a ten-year-old boy whose head was fractured by a wagon wheel passing over it, death occurring several weeks subsequently—mind clear to within few hours of death. Post mortem showed disorganization of whole top of brain. Querry.—Where is the seat intelligence?

Dr. W. S. Gordon had recently been consulted by a lady just from a malarial district where she had been nursing a typhoid patient. Had fever and had been taking large doses of quinine. In each week she would have fever for four days and be free from it the succeeding three. Examination of lungs discovered slight subcrepitant rale at apex of right lung—no cough, but emaciated; no history of previous pneumonia. Put

on creasote and whiskey—improvement. Sent her to country, and on return still has slight fever.

Dr. Parker is satisfied that phthisis may exist in its earlier stages when there is no cough and no evidence of its presence is furnished by physical signs—and thinks Dr. Gordon's patient has consumption.

DANGER OF ERGOT AFTER PARTURITION.—Mme. Gaches-Sarraute (*LaSemaine Medicale*) in a paper before the French Academy for the Advancement of Science, stated that she would supplement the old rule that ergot should not be given before the child and after-birth had been expelled, by an additional one that ergot should not be given at all. Not even in those cases complicated by severe hemorrhage. The foundation for these views lies, she thinks, in the fact that the uterus is never completely emptied in parturition—there always remain some shreds of membrane or clots. These, according to her view, are a very grave source of infection, and frequent cause for subinvolution and late infection recognized clinically in the several forms of metritis. Her own practice is to completely empty the uterus in all cases, and to be sure that this has been done she carries the hand into the uterus. The writer recognizes the danger of this practice as ordinarily performed, but says that with a thoroughly aseptic hand, with the nails carefully trimmed to avoid wounding the uterine tissue, it is attended with little risk. On the contrary, if the uterus is thoroughly emptied and washed out with sterilized water, hemorrhage is immediately arrested and involution is a rapid process, occupying but a few days.

She claims for these apparently heroic measures, almost complete freedom from the secondary accidents, now, unfortunately, too common.—*Jour. Am. Med. Association.*

A death occurred at Plymouth, England, during the administration of methylene. The lungs were found much congested; ventricles dilated; cardiac tissues soft and pale; kidneys large and congested; liver contracted. Methylene is administered in the Plymouth hospital about four hundred times annually, and it has been five years since a death under anæsthesia occurred.—*Times and Register.*

Editorial.

THE SPECIALIST.

At a social gathering recently my attention was drawn to the Specialist himself. I sat for a long time listening to the conversation of three whose work is limited to nearly the same region.

A case was brought up, and each gave his opinion. I, myself, having some experience in two of the branches of medicine or surgery under discussion, I will not say which, was rather amused. Now, the question arises, what is a specialist?

In the name of another I would to him asking the question, answer: "Show me the man who can treat a square inch of the body perfectly, and I will show you a man who can treat the whole body well." You may, perhaps, say I am drawing an ideal. Not so; for I believe the specialist is *made*, not *born*. By this I mean that every specialist should have a *thorough* medical education, as well as a good deal of practical medical and surgical experience before he launches out as a specialist, for otherwise how can he tell which branch he is best fitted for? The man who takes a six weeks' special course in surgery, genito-urinary disease, diseases of women, eye, ear, etc., is no more a specialist in that branch than a new-born babe.

Take the names of some of our greatest men; what do they show? That they were not masters of one branch alone, but that they were competent in all.

Take our own late lamented Westmoreland. Was he simply a surgeon? No; far from it. He was one of the best diagnosticians and therapeutists that the country has ever produced. It was the same with Sands, Wood, Agnew and many others.

The Specialist must, to be successful, have a full and thorough knowledge of medical science, or how can he tell which symptoms or diseases are reflex or otherwise? Take the different symptoms arising from a contracted meatus, a strictured rectum, a flexed uterus, or hypermetrophic nasal passage.

The general practitioner who could find time to treat, or afford the instrumental means to successfully combat all diseases, must of necessity be rare indeed

It will be seen from the above that the specialist is a necessity. He and the general practitioner should be the best of friends, for both need the aid of the other at times.

At times, it is true, the one must go beyond his field, as, for example, an eye specialist must give some attention to the general system, in case it becomes slightly deranged during his course of treatment, thus showing again the necessity of a thorough medical education.

The tendency of the day is toward specialties. It is, I fear, to some extent, over done, and the young man who enters the college with the idea of becoming a surgeon, or rectal specialist, should be very careful, for he is going to do that which, in nine cases in ten, he is not fitted for. Let him become a specialist in all branches of the medical science first, then he will not fail.

To the specialist I would say, go on in your grand career; be like the eagle and soar, and the soarer you get, the more we shall be gratified. F. O. S.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its eighteenth annual meeting in Charleston, South Carolina, on the 16th, 17th, 18th and 19th of December, under the presidency of Dr. Henry B. Baker, of Lansing, Michigan.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The third annual meeting of the Southern Surgical and Gynecological Association will convene in Concordia Hall, Atlanta, Ga., on the 11th of November, and remain in session for three days.

In noticing the coming meeting, we take occasion to call attention to the excellent work that this body has accomplished at the two previous meetings, and to commend it to the profession of this section, as representing what we can accomplish in giving prominence to the high class of work that is emanating from the South. It lies with the profession to make the Association even a more conspicuous success than it has already shown itself.

As far as the work of the coming meeting is concerned, we would refer to the official programme to show that there will be little time for anything but work, yet the Committee of Arrangements has prepared a programme that will afford much opportunity for the cultivation of the pleasant social relations that count for so much in the maintaining of similar bodies everywhere.

Among the papers to be read are the following, as taken from the report of the Secretary:

PAPERS TO BE READ—FARTIAL LIST.

The President's Annual Address—George J. Englemann, M. D., St. Louis, Mo.

How Shall We Treat Our Cases of Pelvic Inflammation?—R. B. Maury, M. D., Memphis, Tenn.

The General and Local Treatment of Gangrenous Diseases and Wounds—Bedford Brown, M. D., Alexandria, Va.

Further Study of the Direct and Reflex Effects of Lacerations of the Female Perineum—J. H. Blanks, M. D., Nashville, Tenn.

Abdominal and Pelvic Surgery in America—Joseph Price, M. D., Philadelphia, Pa.

Intra Ligamentous Ovarian Cystoma—Cornelius Kollock, M. D., Cheraw, S. C.

Anatomy and Pathology of the Ileo-Caecal Region—Richard Douglas, M. D., Nashville, Tenn.

Wet Antiseptic Dressings in Hand Injuries—Wm. Perrin Nicholson, Atlanta, Ga.

The Best Route to the Bladder in the Male for Disease or for Foreign Bodies—Hunter McGuire, M. D., Richmond, Va.

Suprapubic Cystotomy in a Case of Enlarged Prostrate—Wm. H. H. Cobb, M. D., Goldsboro, N. C.

Indications for Cholecystotomy—A. M. Owen, M. D., Evansville, Ind.

Uterine Moles and Their Treatment—J. T. Wilson, M. D., Sherman, Texas.

Strictures of the Male Urethra—W. F. Westmoreland, M. D., Atlanta, Ga.

Treatment of Urethral Strictures by Electricity—W. Frank Glenn, M. D., Nashville, Tenn.

The Surgical Treatment of Empyema—J. A. Goggans, M. D., Alexander City, Ala.

Cases in Abdominal Surgery—I. S. Stone, M. D., Lincoln, Va.

Rectal Medication in Pelvic Troubles—W. Hampton Caldwell, Lexington, Ky.

Conservarive Surgery in Injuries of the Foot—J. T. Wilson, M. D., Sherman, Texas.

The Management of the Infantile Prepuce—George Ben. Johnson, Richmond, Va.

The Ultimate Results of Trachelorrhaphy—Virgil O. Hardon, Atlanta, Ga.

Further Observations on the Dangers of Operative Delay in Prostatic Troubles, with Personal Experience—R. D. Webb, M. D., Birmingham, Ala.

Clinical History of the Epicystic Surgical Fistula—Jno. D. S. Davis, M. D., Birmingham, Ala.

Foreign Bodies in the Air Passages, with Report of Cases—John E. Pendleton, M. D., Hartford, Ky.

Chlecystomy—W. E. B Davis, M. D., Birmingham, Ala.

Two cases of Laporatomy for Intestinal Obstruction—J. T. Jelks, M. D., Hot Springs, Ark.

Is Gonorrhoea Ever a Cause for Pelvic Inflammations?—J. G. Griggs, M. D., Birmingham, Ala.

Treatment of General Septic Peritonitis—W. L. Robinson, M. D., Danville, Va.

A Case of Fractnre of the Femur, due to Fragility—Hunter P. Cooper, M. D., Atlanta, Ga.

Inflammation in and about the Head of the Colon—L. S. McMurtry, M. D., Louisville, Ky.

Removal of Stone from Female Bladder through the Urethra, with Cases—W. O. Roberts, M. D., Louisville, Ky.

A New Jacket for the Treatment of Spinal Diseases and Injuries—G. A. Baxter, M. D., Chattanooga, Tenn.

A Review of the Treatment of Varicocele, with Cases—G. Frank Lydston, M. D., Chicago, Ill.

Exhibition of Pathological Specimens Removed by Laparotomy—W. H. Wathen, M. D., Louisville, Ky.

A Case of Strangulated Umbilical Hernia complicated with a large Uterine Fibroid, Supravaginal Hysterectomy and Operation for Hernia—Joseph Taber Johnston, M. D., Washington, D. C.

The Indications for Operation in Ectopic Gestation—Chas. A. L Reed, M. D., Cincinnati, Ohio.

The Indiscriminate use of Opium in the Pelvic Disease of Women—H. P. C. Wilson, M. D., Baltimore, Md.

Report of Two Cases of Cranial Surgery—Henry L. Fountain, M. D., Bryain, Texas.

Some Observations on Rectal Surgery—Shep. A. Rogers, M. D., Memphis, Tenn.

Caneer of the Cervix Uteri in the Negress—Howard Kelly, M. D.' Baltimore, Md.

A glance over the titles shows the interesting material that will be brought before the body, and we predict that the meeting will be equal in interest and value to any in this country. Any informstion in reference to the Association can be obtained by addressing Dr. W. E. B. Davis, Birmingham, Ala.

The members of the profession are cordially invited to be present.

THE SANITARIAN.

A Monthly Magazine, devoted to the Preservation of Health, Mental and Physical Culture. $4.00 a year. 35 cents a number. Sample copies 20 cents—10 two-cent postage stamps. A. N. BELL, A. M., M. D., Editor, 113A Second Place, Brooklyn, New York.

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Correspondents—*All* communications, except from Newsdealers, all exchanges with the *Sanitarian* and all books for review, should be addressed to the Editor. Remittances should be made either by postoffice order, registered letter, bank check or draft on New York or Brooklyn, to the order of A. N. Bell.

Book Reviews.

THE INTERTINAL DISEASES OF INFANCY AND CHILDHOOD. PHYSIOLOGY, HYGIENE, PATHOLOGY AND THEROPEUTICS. By A. Jacobi, M. D. Published by Geo. S. Davis. (Physicians' Leisure Library). Cloth 50 cents, Paper 25 cents.

This work of Dr. Jocobi is decidedly a very comprehensive treatise upon this very interesting and important branch of the practice of medicine, viz: The digestive disorders of infants. It consists of two volumes, Nos. V. and VI., of Geo. S. Davis' Physicians' Leisure Library Series. In vol. I. (No. V.) the author gives us his views very clearly upon all articles that may be used as food for infants. The manner of feeding, both during infancy and period succeeding infancy.

Dr. Jacobi begins the first chapter by saying: "In many of the digestive disorders of infants, the best preventive, and often curative aid is the breast milk of mother or wet nurse." As a substitute for breast-milk, he prefers boiled cow's milk, and permits condensed milk, when good milk (cow's) cannot be obtained. He advocates a plentiful addition of water to the milk, and adds that this nutriment (milk and water) should be mixed with cane-sugar, and table-salt, he says that salt is "of great physiological importance in the interest of tissue change in general." He says that some starch is digested at the very earliest age, besides being nutritious, it serves to dilute cow's milk, reduce its percentage of casein, and renders it digestible. He prefers barley and oatmeal to supply the amount of starch necessary—recommends barley meal for children who have a tendency to diarrhoea, and oatmeal to those who have a tendency to constipation—and mentions also the utility of gum arabic, and gelatin as an addition to cow's milk—and to children's diet—"not only do they fulfill the indications of diminishing and distributing the particles in cow's milk, but they also officiate as a means of direct nourishment by preventing waste."

Dr. Jacobis says infants should be fed from a bottle, and that his experience leads him to conclude that the new-born infant should be fed from eight to ten times daily—after it is four months old, five daily nursings will suffice. He adds: "If a

child which is healthy and not spoiled awakens at night it needs and desires nothing but a drink of water, or of thin barley water, without milk."

On page 88 of chapter, on Mouth, we find the following: "It must be remembered that within the first year the mortality among infants is greatest from diseases of the organs of respiration, undoubtedly in consequence of the fact that during that period, infants are more exposed to atmospheric changes than in earlier life—this is one of the reasons why, at the time of dentition, not in consequence of dentition, pulmonary diseases are frequent." From this we learn that dentition is not the cause of disease, as has often been claimed, but merely the period at which infants are more susceptible to conditions which induce diseases of the digestive organ—and to atmospheric changes which induce pulmonary diseases. The diarrhoea occurring during dentition cannot always be attributed to teething.

Dr. Jacobi remarks, "that the large majority of infants who are either at the breast, or whose artificial food is well selected, do not suffer from diarrhoea while going through the process of dentition." He concludes that the number of diseases which have been attributed to dentition is due to the limited diagnostic power of the practitioner.

The last chapter of vol. 1, No. v. is devoted to the Stomach, Digestion, and the diseased condition affecting the stomach.

Vol. II, openes with a chapter on Intestinal Digestion—in which is given the anatomy, and functions of the infantile intestines and the other abdominal organs connected with the digestive system. Speaking of the pancreas, Dr. Jacobi says: "The pancreas performs its functions only while the intestinal fluids are alkaline, and this alkaline reaction depends upon the presence of phosphate of sodium. When there is acid in the intestines, the pancreas is prevented from performing its function, and the formation of bone is delayed." This condition of things gives rise to the disease known as Rhachitis, and thus we find Rhachitis to follow chronic digestive disorders.

In acute intestinal catarrh, Dr. Jacobi prefers, as an antifermentative, resorcin, iv–x grains a day in solution, or as a constituent of powders with bismuth chalk, or opium. Of

diet, in this condition, (acute intestinal catarrh), he says: "No raw milk, no boiled milk, no milk at all, in bad cases—in vomiting, and severe diarrhoea, total abstinence for from one to six hours, afterwards, teaspoon doses of a mucilaginous or Farinaceous decoction."

Short chapters are devoted to Tuberculosis, Ulceration of the Stomach, Perityphlitis, Paratyphlitis, Proktitis, Prolapsus of the Rectum, Intersusception, Malformation of the Intestines, Dysentery and Parasites."

A chapter on Fissure of the Anus, closes this volume. Dr. Jacobi, quoting Kjellberg, says: "9098 children were presented in the Dispensary of Stockholmn; in 128 there was fissure of the anus; 60 were boys, 68 girls; the majority less than a year old; 23 less than four months. Diagnosis—pulling hard upon the anus to the right or left, it becomes perceptible, as a narrow cut, red and clear, or sometimes grayish, and ulcerated one-half, two, or even five lines in length. Very seldom does it extend beyond the sphinter, the slightest touch is exceedingly painful, and the pain at defæcation is very intense. The "proper treatment consists in dilatation of the sphincters—the best and speediest method is forcible instantaneous dilation without anaesthetia."

These volumes are replete with that sound judgement and knowledge which comes from a ripe experience—they are written in a terse style and all the deductions are conclusive, and evince a thorough acquaintance with the subject.

Dr. Jacobi ranks high as an authority on the diseases of children. He has written valuable articles relative to "Infant Diet," and on "Hygene and Public Health;" and we feel confident that these volumes will meet with the hearty endorsement of the entire profession. E. V. J.

AN EARLY SYMPTOM OF LOCOMOTOR ATAXIA.—Dr. Heinrich Weiss describes (*Wien. Med. Press*) the case of a book-keeper whose first symptom was an uncertainty in stepping backward, in whom characteristic manifestations of locomotor ataxia subsequently developed. The importance of this initial symptom was pointed out by Althaus in 1884, in reporting the case of a painter who noticed it in himself as he backed away from his easel.—*Deutsche Medizinal Zeitung.*

Selections and Abstracts

TREATMENT OF LABOR DELAYED BY RIGIDITY OF THE CERVIX.—Dr. W. S. Playfair, in a discussion by the Section of Obstetrics of the British Medical Association, said that in 1874 he had directed attention to the value of chloral in labor. Since that time he has used it constantly with the best results and without trouble from rigidity of the cervix. Under the use of this agent the pains become longer, steadier and more efficient, and the patient falls into a somnolent condition, dozing quietly between the pains, which are not lessened or annulled, as is often the case when chloroform is used. More important than all, the wild stage of excitement which is so frequent in cases of rigid cervix is calmed, to the relief not only of the patient, but of the practitioner. It is not necessary to administer large does; fifteen grains, repeated in twenty minutes, by either the mouth or the rectum, produce an effect that usually lasts for several hours. Possibly a third dose may be required, but never more. Another good effect of this drug is that when the expulsive stage is reached, the patient being already in a state of partial anæsthesia, much smaller quantities of an anæsthetic are required than would otherwise be the case.

Dr. Playfair also referred to the use of quinine, which, he said, acts rather as a general stimulant and promoter of vital energy than as an oxytocic, but in cases of labor with feeble, ineffective pains in the first stage, one or two doses of fifteen grains often have a marked effect in strengthening the pains.

Dr. Robert Bell said that the employment of strychnine in small doses for two or three weeks before labor has a wonderful effect in promoting uterine action. In labor delayed by rigidity of the cervix, although he has had good results from the use of chloral, he now uses tincture of gelsemium in from five to ten drop doses, repeated at intervals of twenty minutes. —*British Medical Journal*, September 27, 1890.

A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.—Dr. Voituriez recommends in the *Moniteur Therapeutique* a method of producing local anæsthesia which certainly possesses the

A SIMPLE METHOD OF CURING OBESITY.—In a French journal is announced the discovery of a means, as simple as it is strange, for curing obesity, which is attributed to a medical officer in the army. Thanks to this means, a colonel who was threatened to be obliged to retire from the army, as he was so heavy that it required two men to lift him into the saddle, became thin in a few weeks, and to such an extent that he had to take means to recover, in a measure, what he had lost. It was to his doctor that he was indebted to have become a general. The means consisted simply in never eating more than one dish at each meal, no matter what that dish may be, and a person may consume as much as the stomach may bear, and satisfy the appetite without the least reserve. Nevertheless, nothing but the one dish should be taken; no condiments, nor soups, nor supplementary deserts should be allowed. This system was recommended by the author of a note to a lady who was slightly obese, and who put it into practice with the best results. The lady observed that she suffered no inconvenience whatever from this diet, and the result obtained by the medical officer may be well understood, as she found by her own experience that the partaking of only one dish, whether it be meat, fish or vegetables, brought on a sense of satiety much sooner than if she had partaken of a variety of dishes, whence the effect of relative abstinence.—Paris Correspondence *Jour. Am. Med. Association.*

SUICIDE DURING PREGNANCY WITH RUPTURE OF THE UTERUS.—Neugebauer (*Centralblatt fur Gynakologie* p. 88, 1890) reports the case of a primipara nearly at term who committed suicide by throwing herself from the third story of a house upon the stone pavement. On examination, fracture of the skull and lacerated wounds of the head and face were found. The uterus could be outlined, but no symptom of labor was present. The patient perished in shock, and post mortem examination revealed rupture of the uterus, the child lying among the intestines covered by the mesentery. It had evidently occupied the position of breech-presentation during the life of the mother. The patient survived for several hours after her fall, during which time no hemorrhage could be discovered. The

membranes remained unruptured, and probably occasioned the failure to diagnose rupture of the uterus. Although the mother sustained fracture of the skull, she twice sprang from the bed, and became partially conscious on one occasion. A detailed account of the injuries to the mother's pelvis accompanies the report of the case.

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merit of simplicity. It is based upon the "well-known anæsthetic properties of carbonic oxide," and consists in pouring on the place to be anæsthetized the contents of two or three bottles of Seltzer water, preferably by means of the siphon, which releases the water in a strong stream. The anæsthesia lasts five minutes and then gradually disappears. It is difficult to see how the "well-known anæsthetic properties" of the oxide are exerted by external application. The effect, if any, is probably mechanical.—*Drugists' Circular and Chemical Gaz.*

A SENSIBLE IDEA.—A new innovation at funerals here recently is a silk skull cap, to be worn by the minister in charge and the bearers at the grave, also by the male members of the family, the caps are put on in the carriage and the ordinary hats left there, the caps to be worn all the time at the grave. It will prevent many colds.—*American Druggist.*

IRRIGATION OF THE INTESTINE IN DYSENTERY.—Dr. H. A Fairbairn (*Brooklgn Medical Journal*, October, 1890) gives unqualified praise to the treatment of dysentery by irrigation of the large intestine. To be of use, the enemata should be large and repeated every two, three, or four hours. The quantity of water should be, for an adult, about three or four pints, at a temperature of from 100 to 105 degrees. If possible the water should be distilled, or at least boiled.

Dr. Fairbairn has not found it necessary to use any medicament in the water. As to the instrument used, he prefers a handball-syringe, believing that the pressure from a fountain-syringe is dangerous. The author also suggests that in chronic dysentery the walls of the bowel may be so much weakened that unless the pressure is very slight rupture may occur.—*Medical News.*

Special Notes.

WARNER'S ANTISEPTIC PASTILLES.

Following a suggestion recently made by Dr. C. Seiler in the *Medical Record*, Messrs. William R. Warner & Co., the well known pill and compressed pastille manufacturers, of Philadelphia, are now placing on the market antiseptic pastilles for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and comparatively inocuous, but also distinctly deodorant, as sodium bicarbonate, sodium biborate, sodium benzoate, sodium salicylate, menthol and oil of wintergreen enter into their composition. One of the pastilles makes 2 oz. of a lotion or spray for the nostrils, and it is, according to Dr. Seiler, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an antiseptic and deodorizer it is also far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic." The pastilles are introduced here by Messrs. F. Newbery & Sons, of King Edward St., London, E. C.—*The Chemist and Druggist.*

Sanders & Son's Eucalypti Extract. (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for samples, gratis, and reports on cures effected at the clinics of the University of Bonn and Gricifswald.

Among the exhibits at the Tri-State Medical Association, recently held in Chattanooga, Tennessee, we noticed no more conspicuous or nicer exhibti than that made by The G. F. Harvey Company, of Saratoga Springs, New York, who also have a branch house in Chattanooga They were the only exhibitors of pills, granules and tablet triturates; but in addition displayed as fine a line of compressed goods, as was ever shown to the medical profession. Many words of praise were heard from prominent members of the Association concerning these goods. We take pleasure in calling the attention of the profession throughout the South to the goods manufactured by this enterprising firm. As a result of their exhibit, they are receiving orders from members who attended the Association. See ad.

THE QUEEN PAYS ALL EXPENSES!—The Queen's, last "Free Trip to Europe" having excited such universal interest, the publishers of that popular magazine offer another and $200 for expenses to the person sending them the largest list of English words constructed from letters contained in the three words "BRITISH NORTH AMERICA." Additional prizes consisting of Silver Tea Sets, China Dinner Sets, Gold Watches, French Music Boxes, Portiere Curtains, Silk Dresses, Mantel Clocks, and many other useful and valuable articles will also be awarded in order of merit. A special prize of a Seal Skin Jacket to the lady, and a handsome Shetland Pony to the girl or boy (delivered free in Canada or United States) sending the largest lists. Every one sending a list of not less than twenty words will receive a present' Send six U. S. 2c. stamps for complete rules, illustrated catalogue of prizes and sample number of The Queen. Address THE CANADIAN QUEEN, Toronto, Canada.

The McIntosh Battery and Optical Company, of Chicago, Illinois, made one of the best displays of their class of goods at the Tri-State Medical Association meeting at Chattanooga last month ever seen in the South. We are using their batteries, and can say that they are the best we have ever used, being simple, compact, clean and effective.

You can easily add to your popularity and usefulness by following the instructions given by the McArthur Hypophosphite Company on page 38 of this issue.